# CENTRAL CATHETER INSERTION CHECKLIST & PROCEDURE NOTE

**Date:** ___________  **Start Time:** ___________

## LOCATION
- [ ] Emergency Room
- [ ] Medical Intensive Care Unit
- [ ] Interventional Radiology
- [ ] Surgical Intensive Care Unit
- [ ] Coronary Care Unit
- [ ] Cardiovascular Intensive Care Unit
- [ ] Procedure/Operating Room
- [ ] Floor: ___________

## CATHETER TYPE
- [ ] Central Venous
- [ ] Peripherally Inserted Central
- [ ] Dialysis
- [ ] Swan-Ganz
- [ ] Catheter change over guidewire
- [ ] Umbilical Artery
- [ ] Umbilical Venous

## INDICATION
- [ ] Vasopressor Administration
- [ ] Hemodynamic Monitoring
- [ ] Secure vascular access in critically ill patient without adequate peripheral intravenous access
- [ ] Other: ___________

## URGENCY
- [ ] Routine
- [ ] Urgent
- [ ] Emergent (during code/hemodynamically unstable patient)

**Proceduralist:** ___________  **Supervising Physician:** ___________

## INSERTION SITE
- [ ] Central Catheters:
  - [ ] Internal Jugular: ___________  ___________  ___________
  - [ ] Subclavian: ___________  ___________  ___________
  - [ ] Upper Arm: ___________  ___________  ___________
  - [ ] Femoral: ___________  ___________  ___________
  - [ ] Leg: ___________  ___________  ___________
  - [ ] Scalp
  - [ ] Umbilical

## TIME OUT
- [ ] LEVEL 1 & 2 (waived for emergent insertions)  YES  NO  N/A
- [ ] PROCEDURAL CONSENT–ALL sections must be complete.
- [ ] ANESTHESIA CONSENT–ALL sections must be complete.
- [ ] LEVEL 3 - UNIVERSAL PROTOCOL TIME OUT  YES  NO  N/A

**All members of the team verbally confirm immediately before initiation of procedure:**
- [ ] Correct patient confirmed with double identifiers to include verification of electronic record (eMR) documentation
- [ ] Availability of special equipment or special requirements, as appropriate

## CENTRAL LINE INSERTION CHECKLIST

**YES**  **YES**  **NO**  

**LEVEL 1 & 2**

- All involved personnel cleansed their hands
- Proceduralist wore sterile gown, sterile gloves, cap and mask
- Assistant and/or all personnel in direct contact with the patient wore sterile gown, sterile gloves, cap and mask.
- Patient completely covered with full sterile drape
- Minimum 30 second Chlorhexidine scrub performed and allowed to dry
- Sterile field maintained throughout
- Patients > 2 months of age Chlorhexidine scrub minimum 30 seconds, allow to dry.
- Pediatric < 2 months of age Betadine scrub performed and allowed to dry.
- Neonatal Intensive Care Unit - Betadine scrub performed and allowed to dry

**LEVEL 3 - UNIVERSAL PROTOCOL**

- All members of the team verbally confirm immediately before initiation of procedure:
- Correct patient confirmed with double identifiers to include verification of electronic record (eMR) documentation
- Availability of special equipment or special requirements, as appropriate

## POST-PROCEDURE NOTE

**Was line placement successful:**  [ ] Yes  [ ] No

- [ ] Ultrasound Guidance Used:
  - [ ] Yes  [ ] No

- [ ] Anesthesia Type:
  - [ ] local
  - [ ] monitored anesthesia care
  - [ ] spinal
  - [ ] general
  - [ ] regional
  - [ ] moderate sedation

- [ ] Estimated Blood Loss:
  - [ ] None  [ ] Minimal  [ ] ___________ mL

- [ ] Fluids Administered:
  - [ ] See Nursing Record  [ ] Other:

- [ ] Additional Procedural Comments, including Complications:

- [ ] Any break in sterile technique?  [ ] No  [ ] Yes (explain):
- [ ] Complications or unexpected outcomes:  [ ] No  [ ] Yes (explain):
- [ ] Specimens submitted to pathology or lab:  [ ] No  [ ] Yes (explain):

**Date:** ___________  **Time:** ___________

**Physician/Proceduralist Signature:** ___________

**Date:** ___________  **Time:** ___________

**Dressing dated & initialed:**  [ ] Yes  [ ] No

**Sterile technique maintained while applying dressing:**  [ ] Yes  [ ] No

**Date:** ___________  **Time:** ___________

**Recorder Signature:** ___________